



FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12202</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Patrick W. Gallagher P.O. Box, Bldg., Room No., if any Street 4837 DONOVAN DRIVE City GARFIELD HEIGHTS State OH ZIP Code + 4 44125	4. Name, file number, and address of labor organization. Name UNITED STEELWORKERS Labor Organization File Number 000-094 P.O. Box, Building and Room Number, if any SUITE H Street 25111 MILES ROAD City WARRENSVILLE HEIGHTS State OH ZIP Code + 4 44128
5. Position in labor organization. SUB-DISTRICT DIRECTOR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Patrick W. Gallagher</u>	On <u>8-15-05</u> 216-341-0591 Date Telephone Number

Name of Person Filing Patrick W. Gallagher	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Anthem Blue Cross Blue Shield	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	<input checked="" type="checkbox"/> c. Employer
Street 8333 Rockside Road, Suite 200	
City Cleveland, OH 44125	
State Ohio ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing
Name International Steel Group (ISG)	Anthem is the Healthcare Administrator for ISG
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	11.b. Approximate dollar value of such dealing. unknown
Street 4020 Kinross Lakes Parkway	12.a. Nature of interest held or income received.
City Richfield	On July 23, 2004 Anthem sponsored a golf outing.
State Ohio ZIP Code + 4 44286	12.b. Amount. above \$25.00 de minimis threshold but under \$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment